

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HV		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	WKE	575	11/2/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	15/02	6/10
2	✓	15/02	14/03
3	✓	15/02	20/03
4	✓	15/02	20/03
5	✓	15/02	20/03
6	✓	15/02	20/03
7	✓	15/02	20/03
8	✓	15/02	20/03
9	✓	15/02	20/03
10	✓	15/02	20/03
11	✓	15/02	20/03
12	✓	15/02	20/03
13	✓	15/02	20/03
14	✓	15/02	20/03
15	✓	15/02	20/03
16	✓	15/02	20/03
17	✓	15/02	20/03
18	✓	15/02	20/03
19	✓	15/02	20/03
20	✓	15/02	20/03
21	✓	15/02	20/03
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23	✓	15/02	20/03
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25	✓	15/02	20/03
26	✓	15/02	20/03
27	✓	15/02	20/03
28	✓	15/02	20/03
29	✓	15/02	20/03
30	✓	15/02	20/03
31	✓	15/02	20/03
32	✓	15/02	20/03
33	✓	15/02	20/03
34	✓	15/02	20/03
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42	✓	15/02	20/03
43	✓	15/02	20/03
44	✓	15/02	20/03
45	✓	15/02	20/03
46	✓	15/02	20/03
47	✓	15/02	20/03
48	✓	15/02	20/03
49	✓	15/02	20/03
50	✓	15/02	20/03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here